

**Iowa State Innovation Model
Healthcare Innovation and Visioning Roundtable
In Person Roundtable Workgroup Meeting #1**

July 13, 2018 9:00 am – 3:00 pm

**Iowa Medicaid Enterprise
100 E. Army Post Road, Des Moines**

Meeting Minutes

9:00 – 9:10am: Welcome and Introductions

Mikki Stier, Deputy Director of the Iowa Department of Human Services (DHS), welcomed everyone on behalf of the Governor Reynolds and DHS for attending to third meeting of our Roundtable Work Groups. She thanked the group for their participation and progress in this important work. Deputy Director Stier introduced David Rogers from Health Management Associates (HMA) and Lauren Block from the National Governor's Association (NGA) as facilitators of respective Work Group sessions. She outlined the purpose of today's session to include developing some strawman recommendations pulled together from Work Groups' previous meetings to develop overarching recommendations for the Roundtable to consider.

9:10 – 9:15am: Work of the Day

David Rogers provided a brief overview of the day. He shared that Work Group participants would start the day with developing the concept of the framing document and overarching recommendations. Then Work Groups will break out into separate sessions to dive deeper in their respective areas and flesh out some strawman recommendations before coming back together as a combined group to review recommendations.

9:15 – 9:45am: Governor's Recommendations

David Rogers provided an overview of the proposed framing document which could be used for documenting and transmitting recommendations. He shared that the front matter for the document would include an introduction, guiding principles and vision statement for transformation. This material will need to be developed and reviewed by the Roundtable. With regard to recommendations, the structure of recommendations was reviewed as 1) those recommendations related to working inside and outside of the healthcare system to create Healthy Communities, 2) those recommendations enabling the transformation of the delivery and payment of care through technology, and 3) overarching recommendations aimed at ensuring sustainability of strategies to improve the lives of all Iowans. There was also mention of various appendices that might be included with the recommendations, as well as addressing opportunities for future discussion that will likely be beyond the initial scope of recommendations for the Roundtable.

10:30 – 2:15pm: Breakout by individual Workgroup

The Healthy Communities Workgroup reviewed specific strawman recommendations and provided feedback on draft recommendations. Discussing the creation of healthy communities, participants discussed the need to define such communities, understanding differences such as accountable care organizations and critical access hospitals, and specifically call out rural communities. Participants also discussed identification for high needs, high cost individuals as ongoing work, where start times could be staggered, and the refinement will continue over time. There was discussion that recommended strategies mostly occur concurrently, there is some sequencing, but the work should happen in a parallel manner. Some questions were raised regarding whether strategies should be aimed at a specific percentage of identified high needs, high cost individuals, as well as who engages relevant state agencies, managed care partners, clinical and social service providers and other members of the community to address needs of this population.

Health Community Work Group participants discussed how service reform is happening within payment reform as part of promoting payment strategies for complex care populations to incentive best practice interventions, care coordination, and linkage to community services. With regard to payment reform milestones, participants discussed identifying a glide could be necessary, providing appropriate time to identify, time to test, time to realize outcomes and conduct process improvement. There was further discussion on cost of care versus cost of access, and appropriate incentives to pay for managing better way. Work Group participants addressed separate approaches in urban and rural communities.

Related to overarching recommendations to ensure the sustainability of strategies, the Health Communities group discussed the importance of maintaining partnerships for the work occurs, using data and/or real examples related to health community strategies to articulate problem statements the recommendations are intended to address.

Data Sharing and use Workgroup reviewed answers to questions posed to Workgroup member organizations to ensure alignment. Participants discussed the need for a smoother flow of patient information among providers, patients, and payers. HIPPA consideration were identified as barrier cited by respondents, with further discussion of laws pertaining to confidentiality of information related to HIV and mental health as set forth in Iowa Code. There was consideration of the inherent benefits to better data integration in reducing duplication of services and improving care, but also challenges to making the business case for better data exchange.

The Data Sharing and Use Workgroup reviewed specific strawman recommendations and provided feedback on draft recommendations. Participants discussed need for the Roundtable to establish a common definition of high cost and high need target group to inform data exchange and more granular and standardized approaches to addressing need; for example, identifying individuals taking high cost medications as well as individuals with high emergency department and hospital inpatient use There was also discussion of data exchange with non-clinical entities could be impacted by recommendations from the Healthy Communities Work Group.

Related to overarching guiding principles, the Data Sharing and Use group discussed maximizing federal funds in support of new service development, minimizing administrative/reporting requirements, and establishing a stakeholder engagement plan as important; but not as guiding principles or specific recommendations.

2:15 – 2:30pm: Workgroup Chairs' Report

2:30 – 2:55pm: Closing and Net Steps

Due to time constraints and schedule conflicts, Work Group chairs did not provide a report out to the combined group. Respective Work Groups continued to work in sessions. Deputy Director Stier concluded the meeting. She thanked the respective groups for their participation and reiterated appreciation for the progress made that will ultimately lead to a set of recommendations for a sustainable healthcare system in Iowa.

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